MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

63-031913

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 1215 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

1 0397
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF | DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

FILED AUG 22 1963

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: SPRINGFIELD — Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Johns Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO. b. COUNTY: Greene
c. CITY OR TOWN: SPRINGFIELD — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 2073 Roosevelt — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Lola ~~INFANT~~ Middle: Ann Last: Chaney

4. DATE OF DEATH: Month: August Day: 17, Year: 1963

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8/17/1963
9. AGE (last birthday): 0 — IF UNDER 1 YEAR: Months 0 Days 0 — IF UNDER 24 HR: Hours 1 Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: Infant
11. BIRTHPLACE (City and state or country): Springfield, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Carl Chaney
13b. MOTHER'S MAIDEN NAME: Jo Ann McCormick
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Carl Chaney (Father) Address: Springfield, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Congenital Total Evisceration — INTERVAL BETWEEN ONSET AND DEATH: 1 hr 30 m
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Absence of Right Kidney

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 8/17/63 to 8/17/63 and last saw her/~~him~~ alive on 8/17/63
Death occurred at 5:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title) M.D.
22b. ADDRESS: 1715 Boonville SPRINGFIELD MO.
22c. DATE SIGNED: 8-19-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8/19/63
23c. NAME OF CEMETERY OR CREMATORY: East Lawn Cemetery
23d. LOCATION (City, town, or county) (State): Springfield, Missouri

24. FUNERAL DIRECTOR ADDRESS: KLINGNER MORTUARY, INC. SPRINGFIELD MO.
25. DATE RECD. BY LOCAL REG.: 8-20-63
26. REGISTRAR'S SIGNATURE: Acting Bernie Medley

jhc

(Licensed Embalmer's Statement on Reverse Side)

8-20-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.